



City of Minneapolis
Environmental Services
250 South Fourth Street - Room 414
Minneapolis, MN 55415
(612) 673-3179 Fax (612) 673-2635

WELL & TEMPORARY WELL SEALING PERMIT APPLICATION

Application Received

LEGAL DESCRIPTION OF WELL LOCATION: Attach a site map showing well location(s). Identify property lines, buildings, roads, intersections, and other structures. Reference distances from the nearest landmark.

TOWNSHIP	RANGE	SECTION	SMALLEST QUARTERS				DEPTH	H-SERIES	UNIQUE NUMBER
N	W		1/4	1/4	1/4	1/4			
N	W		1/4	1/4	1/4	1/4			
N	W		1/4	1/4	1/4	1/4			
N	W		1/4	1/4	1/4	1/4			

WELL ADDRESS:	SITE NAME:	SITE ADDRESS:
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USE / TYPE OF WELL: Check one of following:	<input type="checkbox"/> Monitoring <input type="checkbox"/> Temporary Monitoring (Must be sealed within 72 hours of construction.) <input type="checkbox"/> Recovery/Remedial <input type="checkbox"/> Industrial <input type="checkbox"/> Air Cooling <input type="checkbox"/> Irrigation <input type="checkbox"/> Domestic Drinking Water <input type="checkbox"/> Nontransient, Noncommunity Public Water Supply <input type="checkbox"/> Noncommunity Public Water Supply
WELL HEAD FINISH:	<input type="checkbox"/> At-Grade <input type="checkbox"/> Above Grade <input type="checkbox"/> Below Grade, Explain:
WELL CONDITION: Submit a sealing plan if you answer yes to any of the following questions.*	<input type="checkbox"/> Yes <input type="checkbox"/> No Is the well obstructed? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the well multi-cased? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the well have an annular space between casings or the borehole? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the well penetrate a confining layer?

CONSTRUCTION PROFILE:				GROUTING PLANS:				
Casing Type	Diameter	From	To	Material	From	To	Yards	Bags
	in	ft	ft		ft	ft		
	in	ft	ft		ft	ft		
	in	ft	ft		ft	ft		
	in	ft	ft		ft	ft		

WELL OWNER:			
WELL OWNER:	ADDRESS:	STATE:	ZIP CODE:
CONTACT PERSON:	CITY:	PHONE NUMBER:	
PROPERTY OWNER: (if different)			
PROPERTY OWNER:	ADDRESS:	STATE:	ZIP CODE:
CONTACT PERSON:	CITY:	PHONE NUMBER:	

WELL CONTRACTOR INFORMATION:			
COMPANY NAME:	ADDRESS:	STATE:	ZIP CODE:
CONTACT PERSON:	CITY:	PHONE NUMBER:	
I understand that all information provided in this permit application is true and complete. I understand that misstatements of facts may result in forfeiture of all rights to licensure/registration as a well contractor/monitoring well contractor in accordance with Minnesota Statutes, Chapter 103I.			
LICENSED OR REGISTERED CONTRACTOR SIGNATURE:	DATE:	REGISTRATION OR LICENSE NUMBER:	

PENALTIES: Failure to obtain a permit prior to sealing a well is a violation of Minnesota Statutes, Chapter 103I, Minnesota Rules Chapter 4725, and City of Minneapolis Ordinances Chapters 48 and 216.

Contact Minneapolis Environmental Services prior to beginning work on-site.

*A licensed contractor prior to obtaining a well sealing permit may remove the well pump to determine the depth and condition of the well.